Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: STREETER.TIFFANY@YAHOO.COM

FLORIDA LIMITED LIABILITY CO. TIFF'S GLAMOUR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 APR - | AH 10:

pq 3 of 4

H21000130540

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

14154847068

TIFF'S GLAMOUR LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

203 BAY STREET NW

FORT WALTON BEACH,

203 BAY STREET NW FORT WALTON BEACH, FL 32548

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TIFFANY STREETER

Name

203 BAY STREET NW

Florida street address (P.O. Box NOT acceptable)

FORT WALTON BEACH

32548

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

TIFFANY STREETER

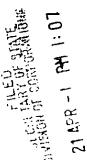
(CONTINUED)

Page Lof 2

14154847068

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	TIFFANY STREETER
MGR .	
	203 BAY STREET NW FORT WALTON BEACH, FL 32548
	1 ON WALTON DEADILITE OFFI
(Use attachment if necessary)	
CLE V: Effective date, if other than the de	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the deffective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the deffective date is listed, the date must be se of filing.)	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any.	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false	specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true.



Page 2 of 2